

# The Army Disease: Drug Addiction and the Civil War

War in History

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**Jonathan Lewy**

Harvard University, USA

## Abstract

Since the beginning of the twentieth century, historians and doctors have claimed that the ‘army disease’ of both the Union and the Confederate armies was morphine addiction. But since drug addiction was not yet fully understood in medical texts of the mid-1860s, addiction as the army disease could have been perceived only in hindsight. Whether addiction was prevalent among veteran troops or not, one thing can be firmly ascertained: after the Civil War, every other war in American history has brought with it a drug problem, whether real or imagined.

## Keywords

Civil war, addiction, opium, morphine, drugs, veterans

Historians and politicians often blame two events for mass drug addiction in America. The first is the use of the hypodermic syringe, which allowed a quick and effective way to administer morphine. The second is the Civil War, which ostensibly introduced many Americans to drugs – opium and morphine – when treated for wounds incurred in battle. The hypodermic syringe made its appearance in the 1840s and 1850s,<sup>1</sup> in time to be used by surgeons during the war, thus providing a simple technological explanation for the allegedly unprecedented number of addicts in the United States by the end of the nineteenth century. According to the then most comprehensive study on addiction published in 1928, the Civil War was the first ‘occasion when the instrument was available for the wholesale relief of pain’.<sup>2</sup> It alleges that, following the war, morphine use was so

- 1 Clifford Allbutt, ‘On the Abuse of Hypodermic Injections of Morphia’ (1870), in David Musto, ed., *Drugs in America: A Documentary History* (New York, 2002), pp. 229–32; Thomas D. Crothers, *Morphinism and Narcomanias from Other Drugs, Their Etiology, Treatment and Medicolegal Relations* (Philadelphia, 1902), pp. 25–6.
- 2 Charles E. Terry and Mildred Pellens, *The Opium Problem* (New York, 1928), p. 67.

## Corresponding author:

Jonathan Lewy, 67 Nof Harim St, Mevasseret Zion, 90805, Israel.

Email: gaeseric@mscc.huji.ac.il

prevalent among veterans as to stamp the term 'army disease' on addiction.<sup>3</sup> But was that indeed the case?

To answer the question, this article is divided into four sections. First, it details the use of drugs during the war and how physicians understood addiction at the time; next, it tracks down addicted veterans in memoirs and semi-autobiographical books; third, it examines the facts and fiction which prevailed in the history of addiction; and, finally, it concludes with a brief overview of how wars and widespread addiction have become an inseparable pair since the Civil War.

## I. Opium in Field Medicine

Soldiers in modern wars must rely on organized logistics and supply from the rear, and so did soldiers in the Civil War. They required not only food and ammunition, but also medicine such as opium and morphine. The Union, having access to world trade and poppies grown abroad, suffered from very little shortage in either opium or morphine. The Federal Army consumed approximately 10 million opium pills and over 80 tons of opium powder and tinctures. After the battle of Antietam Creek one Union field surgeon complained that the only medications in his possession were morphine and brandy.<sup>4</sup> But in fact that was exactly what medical books recommended that doctors carry with them in their pockets during engagements.<sup>5</sup>

The Confederacy, in comparison, attempted to grow poppy fields to supply its armies, but the crops proved inferior, with very little morphine content. Consequently, the South relied on smugglers from the North and blockade-runners to replenish medical stores.<sup>6</sup> Yet morphine, despite its scarcity, was used in field medicine. In a letter to his wife one Confederate doctor confided that the only way he could help wounded soldiers that came to his tent after the second battle of Manassas was to administer morphine.<sup>7</sup> In another letter a Union sergeant detailed how, after the battle of Chancellorsville, a Rebel doctor

3 Ibid., p. 69.

4 See, for example, Alfred Lewis Castleman, *The Army of the Potomac. Behind the Scenes. A Diary of Unwritten History* (Milwaukee: Strickland, 1863), p. 236.

5 Samuel D. Gross, *A Manual of Military Surgery* (Philadelphia: J.B. Lippincott, 1861), p. 53.

6 'Letter from Sidney S. Norton to William S. Barney, September 6, 1862', in *Private and Official Correspondence of Gen. Benjamin F. Butler, during the Period of the Civil War*, vol. 2 (Springfield, MA: Plimpton, 1917), pp. 263–5; Michael A. Flannery, *Civil War Pharmacy: A History of Drugs, Drug Supply and Provision, and Therapeutics for the Union and Confederacy* (New York: Pharmaceutical Products, 2004), pp. 66, 193–4; Alfred Jay Bollet, *Civil War Medicine: Challenges and Triumphs* (Tucson: Galen, 2002), pp. 240, 247. Loreta Janeta Velázquez, the Confederate female soldier-spy whose account remains questionable, recorded in her memoirs how she arranged to procure opium for the Confederacy from Paris: see Loreta Janeta Velázquez, *The Woman in Battle: A Narrative of the Exploits, Adventures, and Travels of Madame Loreta Janeta Valazquez, Otherwise Known as Lieut. Harry T. Buford, Confederate States Army* (Hartford: T. Belknap, 1876), p. 504.

7 'Letter from Spencer Glasgow Welch to Cordelia Strother Welch, September 3, 1862', in Spencer Glasgow Welch, *A Confederate Surgeon's Letters to his Wife* (Washington, DC: Neale, 1911), pp. 28–9.

gave him morphine to treat his wounds in the field, before sending him off back to a Federal hospital.<sup>8</sup> There were also a few cases of Confederate doctors administering morphine to dying soldiers when a mercy shot was also an option, showing humane treatment despite the shortage.<sup>9</sup>

Since they were the most reliable drugs in their medicine cabinet, opium and morphine were used extensively by Civil War surgeons as pain relievers and for treating diarrhoea. Other uses for the drug ranged from the treatment of dysentery, stomach aches, gallstones, headaches, haemorrhoids, tetanus, typhus, syphilis, and neuralgia. Opium was usually administered in laudanum, the tincture of 10 per cent opium in alcohol, and sometimes in pills.<sup>10</sup> Morphine was mostly administered in powder form, but in some hospitals injections were available. Because the needles were usually blunt, surgeons had to puncture the skin with a lancet and then inject the drug. As Samuel Gross, a professor of medicine at Jefferson Medical College in Philadelphia and a Union surgeon, reported:

The endermic application of morphia has been found highly beneficial in neuralgia, chiefly, however, in mitigating pain. It may... be sprinkled upon a blistered surface, be inoculated, or, what I greatly prefer, be injected subcutaneously. The operation... is executed with a small syringe, having a very slender nozzle, which is inserted into a small puncture preciously made in the skin of the affected parts, the subcutaneous cellular tissue being torn up with a common probe to make room for the reception of a drachm of solution of morphia.<sup>11</sup>

Although the hypodermic syringe had been available for a decade and its use was reported in medical journals, many American physicians were not familiar with Gross's suggestion, and continued to dust wounds with morphine. As the war progressed and medical practices became more professional, the syringe gained popularity among some military surgeons.<sup>12</sup>

By the end of the war the Union Army had issued 2,093 syringes to about 11,000 surgeons, though probably fewer actually used the instrument. After the war many Yankee physicians recalled that syringes had been unavailable to them in the field, but contradicting evidence suggests that physicians often used syringes, especially towards the end of the war.<sup>13</sup>

8 'Letter from William M. McGranahan to James McGranahan, May 20, 1863', in George Thornton Fleming, ed., *Life and Letters of Alexander Hays, Brevet Colonel United States Army, Brigadier General and Brevet Major General United States Volunteers* (Pittsburgh, 1919), pp. 389–91.

9 'Letter from Spencer Glasgow Welch to Cordelia Strother Welch, May 7, 1864', in Welch, *Confederate Surgeon's Letters*, pp. 93–4; Royall W. Figg, *Where Men Only Dare to Go! or, The Story of a Boy Company* (Richmond: Whittet & Shepperson, 1885), pp. 163–5.

10 Flannery, *Civil War Pharmacy*, p. 34; Bollet, *Civil War Medicine*, pp. 238, 240, 246. Please note that nineteenth-century pills do not resemble modern pills in any way.

11 Samuel D. Gross, *System of Surgery*, 4th edn, vol. 1 (Philadelphia, 1866), p. 621, quoted in Bollet, *Civil War Medicine*, p. 239.

12 George W. Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (New York: H. Schuman, 1952), pp. 50–2, 119. See Bollet's defence of the practices of Civil War surgeons in *Civil War Medicine*, pp. 239–40.

13 Adams, *Doctors in Blue*.

On the other side of the conflict, Confederate surgeons probably had less access to syringes because of the incessant problems the South experienced in supplying troops. Thus, drug administration was usually either topical or oral,<sup>14</sup> perhaps explaining why Civil War veterans supposedly preferred gum opium, powdered opium, or laudanum to satisfy their addiction, as opposed to veterans of the Spanish-American War and the First World War, who preferred using morphine.<sup>15</sup>

Whereas soldiers died quickly when hit by artillery, those wounded by bullets usually survived, if only for a short while, often suffering great pain.<sup>16</sup> After the first year of the war both the Union and the Confederacy improved field and ambulance care, reducing the time taken to remove their wounded from the battlefield to field hospitals. This practice increased the number of battlefield survivors, as well as the number of potential drug habitués.

At the field hospital,

the surgeon's first goal was to stop the bleeding by applying direct pressure or a tourniquet. He then covered the wound with a bandage, administered an opiate (usually morphine) to decrease the pain, and provided drinking water. Powdered morphine was administered freely 'doled out with a pocket knife [sprinkled directly into the wound] without worrying about superfluous exactitude in doling out the blessed relief that morphine brings to men in pain.' A swallow of whiskey was often provided as well.<sup>17</sup>

Then the soldiers were sent for further care to the rear, where opium was liberally administered.

James Kendall Hosmer, a volunteer from Massachusetts, recorded how physicians often administered morphine to deaden the pain of mortally wounded soldiers.<sup>18</sup> Walt Whitman, who volunteered in a hospital in Washington, DC, recorded in his *Memoranda during the War* two cases of wounded soldiers, one Northerner and the other a Southerner, who were given morphine before their deaths.<sup>19</sup> There were also cases of drug misuse among physicians, as in the case of one black doctor who was relieved from his duty after General Benjamin Butler found out that he was intoxicated by whiskey and opium while at work.<sup>20</sup>

*The Medical and Surgical History of the War of the Rebellion, 1861–65*, a six-tome report submitted to the surgeon general over a period of 13 years from 1870 to 1883, records numerous accounts of wounds and diseases encountered by field surgeons. From

14 David T. Courtwright, 'Opiate Addiction as a Consequence of the Civil War', *Civil War History* XXIV (1978), pp. 105–7.

15 Terry and Pellens, *Opium Problem*, pp. 483–4.

16 Bollet, *Civil War Medicine*, p. 99.

17 *Ibid.*, p. 101. See also Adams, *Doctors in Blue*, pp. 116, 118–19.

18 James Kendall Hosmer, *The Color-Guard: Being a Corporal's Notes of Military Service in the Nineteenth Army Corps* (Boston: Walker Wide, 1864), pp. 172, 174.

19 Walt Whitman, *Memoranda during the War* (Camden, NJ, 1875), pp. 18, 53.

20 'Letter from Benjamin Franklin Butler to Army of the James HQ, October 1, 1864', in *Private and Official Correspondence of Gen. Benjamin F. Butler*, vol. 5, p. 748.

this history it is clear that opium and morphine were used extensively, but not a single case of addiction was ever recorded. In fact, the disease as a category is missing from the book entirely.

Civil War pharmacists and surgeons were aware of some of the dangers caused by opium consumption, as attested in the *Book of Prescriptions* published in 1865:

Opium, applied externally, acts as a sedative, lulling pain. Given internally in moderate doses, it first produces some excitement, quickening of the pulse, and heat of skin. This effect is quickly followed by a tendency to sleep, and a diminution of sensibility. It abates or banishes pain, if present. It diminishes irritation, and relaxes the muscular system. It diminishes the secretions of the bowels, but increases that of the skin, acting as a soporific. Taken continually in small doses, it causes a kind of intoxication, as in opium-eaters. Taken in an over-large dose, it is a dangerous narcotic poison, causing sleep, with contraction of the pupil of the eye, succeeded by coma and death.<sup>21</sup>

Although drug poisoning was known, addiction, as a disease that resulted in an insatiable appetite for drugs, was not yet widely considered a malefic side effect of opium.

Opium-eating, referring to Thomas De Quincey's opium intoxication and subsequent dreams as they were first published in 1821,<sup>22</sup> is an effect a modern reader might identify with addiction, but the two are not synonymous. Any attempt to equate the effects of De Quincey's opium-eating with addiction borders on anachronism, because opium-eating was not a medical condition, but rather a moral weakness, or later on a combination of the two. The latter gave birth to the American concept of a 'moral medical disease' about a decade after the Civil War had ended.

Samuel Gross, in his 1861 book intended as an introduction to new volunteer field surgeons, recommended the use of morphine or laudanum in relieving the pain of amputations, but also warned against the overuse of these drugs 'lest [they] induce fatal oppression of the brain'.<sup>23</sup> The reader is left guessing about the nature of this oppression, but judging from other medical texts of the time one should assume that Gross feared the same reveries that De Quincey experienced or perhaps fatigue, rather than addiction.

Drug addiction was not understood as a medical disease throughout most of history. While the instincts of a 21st-century reader might deny such a claim because addiction has become such a staple notion in modern parlance, the same reader should bear in mind that very few definitions of diseases, whether physical or mental in origin, survive a decade, much less a century and a half. In fact, by the late twentieth century, many physicians stopped using the word addiction to describe 'substance abuse disorders', as they constantly changed the definition of the disease.<sup>24</sup>

21 Henry Beasley, *The Book of Prescriptions* (Philadelphia, 1865), pp. 371–2, quoted in Flannery, *Civil War Pharmacy*, p. 290.

22 Thomas De Quincey, *Confessions of an English Opium-Eater* (London, 1997 [1821–2]).

23 Gross, *Manual of Military Surgery*, p. 50.

24 See, for example, Mariana Valverde, *Diseases of the Will: Alcohol and the Dilemmas of Freedom* (Cambridge: Cambridge University Press, 1998), pp. 26–8, 44.

In the mid-nineteenth century the average American would not have even known the meaning of the word 'addiction'.<sup>25</sup> The closest term that could convey a similar meaning was the word 'habit'. People suffered from bad habits, including opium or morphine habits, but gambling, going to prostitutes, swearing – and more importantly not paying one's debts – were also bad habits.<sup>26</sup> The drug habit was not a medical problem, but a moral one, especially since the habitué appeared healthy as long as he or she consumed the drug.<sup>27</sup>

Medical journals remained mum about the disease until about a decade after the war's end. For example, until 1870 almost all the articles in the *Boston Medical and Surgical Journal*, the premier medical journal in the United States, used the word 'addicted' in connection with bad habits or vices, usually mentioning the vice of drinking hard liquor or the sin of Onan. No article, except for a single letter to the editor in 1833, assumed that a person addicted to a bad habit was also diseased.

After reading all the articles published in that journal until 1875, one can easily make the blanket statement that addiction to the vice was not attributed to poor health. Doctors, when mentioning addiction, were interested in their patients' loose morals, rather than their physical health. The word 'addiction' as a noun or the opium and morphine habits were not mentioned at all.<sup>28</sup>

25 Gordon Coonfield, 'Mapping Addiction', PhD dissertation, Michigan Technological University, 2003, pp. 13–15.

26 John C. Burnham, *Bad Habits: Drinking, Smoking, Taking Drugs, Gambling, Sexual Misbehavior, and Swearing in American History* (New York: New York University Press, 1993). See also Timothy Alton Hickman, *The Secret Leprosy of Modern Days: Narcotic Addiction and Cultural Crisis in the United States, 1870–1920* (Amherst: University of Massachusetts Press, 2007), pp. 8, 16–17. Regarding debts, see John Stuart Mill, *On Liberty* (London, 1985 [1859]), pp. 148–9.

27 Historians traced the usage of the word 'addiction' to an article written by professor of medicine and jurisprudence Robert Christison of Edinburgh, when he used the phrase 'addicted to the use of opium' in 1832. In his article, published in the *Lancet*, he observed that opium use did not affect a person's longevity, and therefore life insurance companies should not take that as a factor in their calculations. Christison, like others before him, used the past participle 'addicted', not the noun 'addiction'. Furthermore, he did not yet understand addiction as a disease, but rather as an indication of a habit of using a drug. This understanding is only re-enforced in the subsequent issue of the *Lancet* in which Dr G.R. Mart replied to Christison by mentioning that most heavy drinkers who are 'addicted to the use of spirits' are not opium-eaters. If Mart wanted to refer to heavy drinking as a disease, he would have used the conventional term of the time: dipsomania. Instead, Mart wrote about the 'pernicious and destructive habit of drunkenness'. Incidentally, Mart disagreed with Christison, as he believed that the habitual use of opium could potentially shorten the user's life, just like any other poison would. See Louise Foxcroft, *The Making of Addiction: The 'Use and Abuse' of Opium in Nineteenth-Century Britain* (Aldershot: Ashgate, 2007); Robert Christison, 'On the Effects of Opium-Eating on Health and Longevity', *Lancet* XVII/143 (1832), pp. 614–17; G.R. Mart, 'Letter to the Editor on the Effects of the Practice of Opium Eating', *Lancet*, XVII/144 (1832), pp. 710–11.

28 The rare exception is 'Opium Eating', *Boston Medical and Surgical Journal* IX (1833), pp. 66–7.



Across the Atlantic other important professional journals, such as the *Lancet* or the *Edinburgh Medical and Surgical Journal*, were the same, and did not mention addiction as a disease either. Naturally, since professionals were oblivious to this disease, the lay press hardly mentioned it either. The lack of concern regarding addiction is hardly surprising, since addiction was not yet known as a disease, and there cannot be contemporary evidence for a non-event.

The fact that addiction did not exist in the mid-nineteenth century probably comes as a surprise to most modern readers, but historical phenomena such as freedom, democracy, and equality hardly ever have a single definition as they are invented, forgotten, and reinvented over time, despite their false sense of a universal truth. What is true of these abstract concepts is also true of addiction. Only in the last 140 years has addiction entered our modern vocabulary and minds, and it persists to the point that we cannot imagine drug use without it. As a result, many historians and physicians look back into history in an attempt to apply their modern knowledge to the past. This form of anachronism is difficult to resist, but it is essential to do so if one hopes to understand the history of addiction.

The sources simply do not support the existence of addiction as a hidden disease that compelled mankind to consume drugs. Since drug use is not new, what did contemporaries think of its use? The answer is varied. Drugs were considered both a medicine and a poison, just like any Greek *pharmakon*. If a person could not resist temptation and continued to consume drugs or alcohol, gamble, or engage in other forms of debauchery, he was considered either a sinner or morally weak, not sick. Sin and moral weakness are not addiction in disguise, but rather a completely different species.

Unlike addiction, drug tolerance was a known phenomenon in the nineteenth century, having first appeared in traveller accounts of Turkey and Syria in the early eighteenth century, and later entered medical and semi-medical texts such as the writings of Erasmus Darwin.<sup>29</sup> Some historians confuse the two phenomena, assuming that one necessitates the existence of the other. For example, in a modern study of the history of the Massachusetts General Hospital, the case of a farmer who needed to increase the opiate dosage to retain the effect of the drug in the 1840s was used to demonstrate that physicians recognized addiction, even though the author himself admits that until the 1870s 'addiction was reported rarely'.<sup>30</sup> Addiction was not reported because the mainstream medical establishment did not yet acknowledge it.

At a time when men of medicine were not yet fully aware of the causal link between an agent, such as bacteria, to diseases, they were more concerned with unspecific causes

29 François de Tott, *Memoirs of Baron de Tott*, vol. 1 (London, 1786 [1784]), pp. 141–2; Sir John Chardin, *A New and Accurate Description of Persia, and Other Eastern Nations* (London, 1720), pp. 247–9; Jakob Reinegg, 'Ueber das Opium und seine Wirkungsart bey den Morgenländern: aus einem Briefe des Hrn. Dr. Reinegg in Persien', *Medicinische Bibliothek*, vol. 2 (1785), pp. 370–86; Erasmus Darwin, *Zoonomia, or, The Laws of Organic Life*, 'Articles of the Materia Medica', vol. 1/3 (Boston, 1803 [1794]), p. 23.

30 John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge, MA: Harvard University Press, 1986), p. 143.

of diseases such as the general characteristics of the patient, and his or her environment.<sup>31</sup> Whereas modern medical theories depicting alcohol as an agent causing alcoholism appeared as early as 1819,<sup>32</sup> morphine was a relative latecomer.

Only after the publication in 1877 of Eduard Levinstein's book *Die Morphiumsucht*, which was translated into English almost immediately, was it generally understood that drugs could cause a morbid craving.<sup>33</sup> It is true that one may find earlier examples of addiction in medical texts, but they are few and far between. According to Albrecht Erlenmeyer, one of the world's leading drug experts in the nineteenth century, between 1864 and Levinstein's first lecture on morphine addiction in 1875, only 24 articles and essays were written on the pathological symptoms resulting from drug use. In the 11 years after Levinstein's lecture, over 235 books, essays, and articles were written on addiction.<sup>34</sup> Clearly, addiction was a new idea that gained popularity only after the Civil War had ended. Bearing this in mind, one should ask how addiction could be known as the army disease, rather than debate whether addiction was the army disease.

The term 'army disease' was used before and after the war, but never by contemporaries to designate addiction; rather, malaria, dysentery, enteric fever (typhoid), pneumonia, and venereal diseases were known as the army diseases for years to come, being responsible for the deaths of innumerable soldiers away from the battlefield.<sup>35</sup> In

- 31 Claudia Wiesemann, *Die heimliche Krankheit: eine Geschichte des Suchtbegriffs* (Stuttgart: Frommann-Holzboog, 2000), pp. 69–74. Whereas theories regarding the causal link between bacteria and disease were raised in the mid-nineteenth century, Robert Koch in Germany only definitely proved them in 1890.
- 32 See C. von Brühl-Cramer, *Ueber die Trunksucht und eine rationelle Heilmethode derselben* (Berlin, 1819). Brühl-Cramer used the term 'drinking disease'. The term alcoholism was only coined in 1849. See Magnus Huss, *Chronische Alkoholskrankheit, oder Alcoholismus chronicus: ein Beitrag zur Kenntniss der Vergiftungs-Krankheiten, nach eigener und anderer Erfahrung* (Stockholm and Leipzig, 1852 [1849]).
- 33 Eduard Levinstein, *Die Morphiumsucht: eine Monographie nach eigenen Beobachtungen* (Berlin, 1877); idem, *The Morbid Craving for Morphia (die Morphiumsucht): A Monograph founded on Personal Observations*, trans. Charles Harrer (London, 1878).
- 34 Albrecht Erlenmeyer, *Die Morphiumsucht und ihre Behandlung* (Berlin, 1887 [1883]), pp. 404–36.
- 35 During the Crimean War, typhoid fever was known as the army disease: see C.B. Gordon, 'The Army Surgeon: His Work and Works', *British Medical Journal* II (13 July 1872), p. 51. In the United States the army disease was recognized as typhoid during the Civil War: see 'Calomel and Tartar Emetic', *Herald of Health* II (1863), pp. 188–9. Typhoid was also known as the army disease two decades after the Civil War: see Francis H. Welch, *Enteric Fever: Its Prevalence and Modifications, Aetiology, Pathology, and Treatment as Illustrated by Army Data at Home and Abroad* (Philadelphia, 1883), pp. 4–12. The annual report on the vital statistics of Massachusetts in 1864 recorded two deaths caused by the 'Army Disease', but the disease probably does not refer to habitual use of drugs, but rather unhygienic conditions in the camps: see Oliver Warner (Secretary of the Commonwealth), *Twenty-Third Report to the Legislature of Massachusetts, Relating to the Registry and Return of Births, Marriages, and Deaths in the Commonwealth, for the Year Ending December 31, 1864* (Boston, 1866), p. 69. For pneumonia, see Rufus Cole, 'Problem', *Kentucky Medical Journal* XVI (1 December 1918), pp. 563–5.



the Confederacy one critic described physicians' incompetence as the 'army disease', an accusation that drew a formidable response, which defended the proficiency of Southern doctors, who sought to emulate the French rather than the British in their study of diseases in army camps, namely by searching for preventative methods for measles and typhoid fever.<sup>36</sup> Yet, not a single word in either accusation or defence was spared for drug addiction. Perhaps the first to call addiction the 'army disease' were Charles Terry and Mildred Pellens, the authors of *The Opium Problem* in 1928. Regardless of its origin, the catchphrase for addiction became extremely popular among politicians, physicians, and historians for decades to come.

## II. Veterans on Drugs

The claim that the Civil War caused drug addiction was voiced with gusto three decades after it had ended, and gained even more popularity at the turn of the century. This should not come as a surprise. Once a disease is discovered, doctors and historians tend to look back in history in an attempt to identify former outbreaks, but their identification often suffers from anachronism. In this case all of the habitués of the past turned into the addicts of the present. But who and where were all the addicts created by the liberal administration of drugs during the war? To answer this question, historians and doctors turned to Horace B. Day, one of the few contemporaries who reported in 1868 that the opium habit occurred due to the war:

The number of confirmed opium-eaters in the United States is large, not less, judging from the testimony of druggists in all parts of the country as well as from other sources, than eighty to a hundred thousand. The reader may ask who make up this unfortunate class, and under what circumstances did they become enthralled by such a habit? Neither the business nor the laboring classes of the country contribute very largely to the number. Professional and literary men, persons suffering from protracted nervous disorders, women obliged by their necessities to work beyond their strength, prostitutes, and, in brief, all classes whose business or whose vices make special demands upon the nervous system, are those who for the most part compose the fraternity of opium-eaters. The events of the last few years have unquestionably added greatly to their number. Maimed and shattered survivors from a hundred battle-fields, diseased and disabled soldiers released from hostile prisons, anguished and hopeless wives and mothers, made so by the slaughter of those who were dearest to them, have found, many of them, temporary relief from their sufferings in opium.<sup>37</sup>

The United States may have had 80,000 to 100,000 habitués in 1868, a level that fits well with the trend of addiction that rose from no more than 10,000 habitual users in 1842 and peaked with 313,000 habitués in 1896, at least according to a modern study.<sup>38</sup> But Horace

36 E.D. Fenner, 'A Plea for the Medical Staff', *Medical Journal of North Carolina* III (15 November 1861), pp. 659–73.

37 Horace B. Day, *The Opium Habit, with Suggestion as to the Remedy* (New York, 1868), p. 7.

38 David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America* (Cambridge, MA: Harvard University Press, 2001), pp. 9–28.

Day's account should be taken with a grain of salt. Grief causing addiction among widows cannot explain why more women were addicted than men.<sup>39</sup> Nor would modern readers accept an opinion from 1872 which explained that women became addicts 'due ... more to moral than to physical causes'.<sup>40</sup>

Regardless, hospitals and prisons would have surely identified the shattered soldiers who had no recourse other than taking opium. And yet Alonzo Calkins, an important drug expert of the time, listed the main causes of addiction in America in 1871: one, the Chinese were the most prevalent group to smoke opium, preferring the pipe, rather than eating the drug; two, women ate opium to fortify their weak nerves and alleviate their menstrual pains; and three, 'the passion of the stimulus itself' led criminals to opium.<sup>41</sup> Calkins failed to mention the Civil War at all.

Joseph Parrish, a Quaker physician who served in the Sanitary Commission during the war, established in 1867 the Pennsylvania Sanatorium for the Cure of Inebriates 'to reclaim drunkards, opium eaters, &c.'<sup>42</sup> In the decade that followed, Parrish became one of the leading drug experts in America. He was one of the first to identify similarities between the drinking and the drug habits, and in 1877 warned against the lack of medical interest in the creeping menace of hidden addicts plaguing American society.<sup>43</sup> However, when he first opened his sanatorium, the drug menace was not yet understood or in full swing. In 1868 he reported that only 2 out of his 26 patients were treated for the opium habit. The rest were 'addicted to the excessive use of alcoholic stimulants'.<sup>44</sup> A different journal noted that 'in 18 of these cases the habit was induced by social usages, and in 3, the appetite was attributed to physicians' prescriptions'.<sup>45</sup> The Civil War was not mentioned at all. Thus, three years after the war's end, addicts still failed to knock on hospital doors in droves, and physicians were not yet blamed for the addiction epidemic.

In 1876 an anonymous habitué published an autobiography about his opium-eating. He was 16 when he entered the Union Army as a drummer in 1861, but once in his unit, he volunteered to carry a gun, and participated in the battles of Stone River and Chickamauga. On the first day of the battle of Chickamauga he was captured, and together with 5,000 healthy prisoners was forced to march eastwards to Richmond. There he was kept in brutal conditions for several months until in the spring of 1864 he was transferred to Danville, Virginia. From there he was moved to the dreaded

39 Suggested in Courtwright, 'Opiate Addiction', p. 110 n. 38.

40 F.E. Oliver, 'The Use and Abuse of Opium', *Massachusetts State Board of Health: Third Annual Report* (Boston, 1872), pp. 162–77, at p. 168.

41 Alonzo Calkins, *Opium and the Opium Appetite: With Notices of Alcoholic Beverages, Cannabis Indica, Tobacco and Coca, and Tea and Coffee, in their Hygienic Aspects and Pathologic Relations* (Philadelphia, 1871), pp. 151–60.

42 'The Sanatorium', *Delaware County Republican*, 22 November 1867; Joseph Parrish, *The Probe: An Inquiry into the Use of Stimulants and Narcotics, the Social Evils Resulting Therefrom, and Methods of Reform and Cure*, no. 4 (Philadelphia, 1869).

43 'The Opium Habit's Power', *New York Times*, 30 December 1877.

44 'Sanatorium: The Second Annual Report of the Citizens', *Delaware County American*, 29 January 1868.

45 'Sanatorium', *Friends' Intelligencer*, 29 February 1868, p. 825.

prisoner-of-war camp at Andersonville, Georgia, where he stayed for almost half a year. As General Sherman approached Georgia, he was transferred again to South Carolina, from where he was finally released in February 1865 as a part of a late-war prisoner exchange.

While under the care of Union doctors, the author suffered from insomnia, and after begging the doctor for a soporific, he received his medicine, which may have been morphine, but the reader is left in the dark. At home the sleeping disorder went away, but the author kept on suffering from stomach pains and incessant headaches. He did not apply for a pension as a veteran, because his mother thought he was too young and he would regain his health quickly. She was wrong and his pains continued. 'Nothing seemed to benefit me,' he wrote in his autobiography,

and I quit trying. At last a physician in town where I resided, in whom I had but little confidence, and who for six months past had been endeavouring to get my consent to allow him to treat my case, induced me to place myself under his professional care. None of the rest had benefited me, and he could but fail, and might do me some good.<sup>46</sup>

The author, pure and unsuspecting, had set the tone, blaming the physician for his future affliction: 'Nevertheless, in going into the physician's office, I emphatically charged him not to administer to me any opium or morphia, as I had a horror of such things.'<sup>47</sup> The doctor tricked him and injected him with morphine, twice or three times a week for six months. After discovering the doctor's treachery, the author stopped his visits to the doctor and bought opium from the pharmacy on his own.

Two things are striking about this account. First, the boy-soldier was not wounded in battle, and his morphine treatment was administered after the war had ended. There was no clear diagnosis of his damaged stomach, and it is difficult to know what the doctor tried to achieve by injecting morphine, save for the fact that he was very keen to use it. Second, the author accused his doctor of malpractice while maintaining his innocence, but also acknowledged that opium may have saved his life. In the end, the anonymous author turned into an opium-eater, living his life in what he described as wretchedness, without veteran benefits, which he had forgone because of his mother.

Several drug addicts can be found in historical records. For example, the morphine maintenance clinic at Shreveport, Louisiana, treated an 82-year-old Confederate veteran in 1919. He was shot in the head during the war, and was treated with morphine by an army surgeon. His addiction continued for 55 years, and by the time he was treated in the clinic he consumed two grains of morphine a day. In another case an army surgeon reported about taking morphine in 1867 after suffering from diarrhoea ever since the war.<sup>48</sup> But two or three accounts can hardly point to a trend. As curious and as moving as

46 Anonymous, *Opium Eating: An Autobiographical Sketch* (Philadelphia, 1876), p. 55.

47 Ibid.

48 Dan Waldorf, Martin Orlick and Craig Reinerman, *Morphine Maintenance: The Shreveport Clinic, 1919–1923* (Washington, DC: Drug Abuse Council, 1974), p. 20; Leslie E. Keeley, *Opium: Its Use, Abuse and Cure, or, From Bondage to Freedom* (Dwight, IL, 1892), p. 120. These cases are quoted in Courtwright, 'Opiate Addiction', p. 104 nn. 13, 14.

the accounts might be, they are no more than cases of individuals who suffered during the war. In two of them the initial drug use began after the war had ended, in an attempt to treat an ailment that supposedly began during the war.

Civil War luminaries such as Braxton Bragg and John Bell Hood did not escape the rumours of opium addiction, which were told and are retold by enthusiasts in an attempt to explain odd decisions before, during, and after the battle.<sup>49</sup> These rumours are difficult to substantiate, and should be treated similarly to the long list of alleged alcoholic Union generals.<sup>50</sup> Other less famous soldiers, such as the Confederate veteran 'Doc' Pemberton, were suspected of addiction. He supposedly became an opium habitué after he was wounded at the battle of Athens, Georgia. Later, as an unemployed chemist in post-bellum Atlanta, Pemberton concocted a recipe of cocaine and kola nut extracts, known today as Coca-Cola, in an attempt to provide a soft drink to soothe his clients' nerves instead of the hard liquor they could acquire in the saloon.<sup>51</sup>

According to reconstructed statistics, addiction was rampant in the South. By the beginning of the twentieth century most opiate addicts were whites, primarily concentrated in cities such as Shreveport, Louisiana, Atlanta, Georgia, and Knoxville, Tennessee. Several factors contributed to this, such as the appearance of effective maintenance programmes in Shreveport or in Jacksonville, Florida, and poor medical practices. Was the Civil War a cause as well? After, all, the South suffered more casualties than the North, ostensibly inducing greater contact between wounded veterans and doctors.<sup>52</sup> However, unlike the North, the South had very limited access to drugs owing to the blockade, and consequently any addiction to drugs could be attained only several years, if not decades, after the war's end.

Some contemporaries claimed that despair and depression over the defeat of the Confederacy caused many white Southerners to seek solace in opium, thus explaining why whites were more susceptible to addiction than blacks.<sup>53</sup> However, it was more likely that blacks in the Reconstruction era were less susceptible to addiction because they lacked the means to seek medical care, let alone buy opiates.

### III. Drug Politics and Historical Facts

The debate on addiction after the Civil War was part and parcel of the political shift towards drug prohibition that took place in the late nineteenth and early twentieth

49 See James Street, Jr, 'Opium in the Civil War', *Civil War Times* (May 1988); Steve Davis, 'John Bell Hood's "Addictions" in Civil War Literature', *Blue & Gray Magazine* (October 1998).

50 See 'Why Rosecrans Was Removed', *Vincennes Gazette*, 25 January 1865, for an example that does not cite Ulysses S. Grant.

51 Joseph Spillane, *Cocaine: From Medical Marvel to Modern Menace in the United States, 1884–1920* (Baltimore: Johns Hopkins University Press, 2000), pp. 75–6; Flannery, *Civil War Pharmacy*, p. 7.

52 David T. Courtwright, 'Hidden Epidemic: Opiate Addiction and Cocaine Use in the South, 1860–1920', *Journal of Southern History* XLIX (1983), pp. 57–72.

53 Ibid.

centuries. As a result, the discussions were tinted by political expediency that often superseded historical fact. In preparation for a national drug law in the 1910s, Congress heard the testimonies of specialists who claimed that the Civil War was responsible for the large numbers of addicts in America, thus explaining why the United States had more addicts than other Western countries. Hamilton Wright, the US representative to the Opium Commission that met in Shanghai in 1909, told Congress that 'there is nothing to show that up to 1860 there was a serious misuse of opium smoking or other habit-forming drugs in this country, bar the practice of opium smoking by the Chinese'. However, 'following our Civil War an abuse of crude or medicinal opium and its chief derivative, morphia, set in and spread over the entire country'. Wright refrained from drawing a causal link between field medicine and addiction, but his testimony helped spreading the common belief that addiction was an army disease of the Civil War. He also claimed that ever since that war the United States had experienced a 'persistently larger per cent increase in our importations of crude or medicinal opium than in our population'.<sup>54</sup> What Wright refrained from doing, others did for him, since addiction caused by war was a simple and an elegant explanation of why white men in America were more susceptible to addiction than in Europe. Historians and politicians in their turn kept on repeating this causal link, turning it into common wisdom for decades to come.

In the 1970s the question whether the Civil War was indeed responsible for widespread addiction in America prompted a heated debate, which stemmed from President Nixon's declaration of war on drugs in 1971. America feared that thousands upon thousands of GIs would return home maddened by the heroin addiction they have acquired in Vietnam.<sup>55</sup> Thus the notion of soldiers returning home addicted gained a new sense of relevance, prompting some historians to question the common wisdom. For example, in 1975 Mark Quinones claimed that the 'army disease' never existed and that mass addiction in America could not be attributed to the Civil War. Instead, he asserted that it was a political fiction used to manipulate politicians to pass the Harrison Act – the Federal statute against drugs – enacted in 1914.<sup>56</sup> In 1978 David Courtwright responded with a reaffirmation that the Civil War had indeed caused mass addiction in America, but the addicts themselves were hidden from the historical radar because of incomplete data in available surveys.<sup>57</sup> The great number of addicts surfaced only a few decades after the war's end, once contemporaries began to understand the causal effect between war and addiction. In the end, Courtwright's thesis prevailed, and with some modifications remains dominant to this very day.<sup>58</sup>

54 Testimony quoted in Hickman, *Secrete Leprosy*, pp. 45–6.

55 On the political climate of the time, see Jeremy Kuzmarov, *The Myth of the Addicted Army: Vietnam and the Modern War on Drugs* (Amherst: University of Massachusetts Press, 2009).

56 Mark A. Quinones, 'Drug Abuse during the Civil War (1861–1865)', *International Journal of the Addictions* X (1975), pp. 1007–20.

57 Courtwright, 'Opiate Addiction', p. 101 n. 2. He particularly opposed David F. Musto's account in *The American Disease* (Oxford: Oxford University Press, 1999 [1973]), p. 2.

58 In recent years Courtwright slightly softened his approach regarding the importance of the war and the widespread addiction in America. See David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge, MA: Harvard University Press, 2001), p. 36.

Statistics and surveys, as far as they could be historically reconstructed, showed that white women were the predominant group addicted to drugs until the first decade of the twentieth century.<sup>59</sup> This fact weakened the claim that the Civil War gave rise to addiction. If women were more susceptible to addiction than men, the impact of the Civil War and field medicine on addiction could not have been great, a point Courtwright conceded,<sup>60</sup> but, as he maintained in his book on addiction published in 1982, there was still evidence to support the theory that the war contributed to the spread of addiction in the United States, a position that seemed to be on firm historical ground. Field doctors favoured opium and morphine to treat multiple maladies, and veterans whose wounds in battle turned into chronic diseases decades after the war's end often sought out opium or morphine to alleviate their pains. With such treatment the dangers of addiction loomed over wounded veterans' heads not only during the war but often a few years after it had ended.<sup>61</sup>

One question remained difficult to answer in the bid to validate Courtwright's thesis: if addiction was prevalent among veterans, why did they not appear in contemporary surveys? Here Courtwright turned to Thomas Crothers, a prominent contemporary drug expert who was one of the most vocal proponents of the disease concept of addiction. Courtwright wrote: 'In 1902 T. D. Crothers ... remarked that, although veterans try to conceal the[ir addiction] for fear of losing their pensions, many of them "became morphinists to relieve the pain and suffering following injuries received in the service."' <sup>62</sup> In other words, addicts avoided or lied to interviewers to protect their pensions. To modern ears, that would certainly be a credible explanation since drug use is censured today. Moreover, Americans today, as in the nineteenth century, tended to consider the morphine habit 'a willful vice'.<sup>63</sup> Such a vice, especially if it could cost money, was better kept a secret, or else the addict would be faulted for his own condition.

However, Courtwright misread Crothers. The Bureau of Pensions had no policy towards addiction, and veterans were not prone to lose their pensions if they were found addicted to drugs.<sup>64</sup> At the time no one seemed to care about addiction: it was a non-issue – a fact that Crothers would have surely known. Consequently, it is safe to conclude that addicts had no pecuniary reasons to conceal their condition from their physicians, or hide their condition in surveys.<sup>65</sup> According to Crothers, the real reason why addicts did not

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59 Quinones, 'Drug Abuse'; Courtwright, 'Opiate Addiction', p. 110, and *Dark Paradise*, pp. 36–8, 54.

60 Quinones, 'Drug Abuse'; Courtwright, 'Opiate Addiction', p. 110.

61 Courtwright, *Dark Paradise*, pp. 54–5.

62 Courtwright, 'Opiate Addiction', p. 103.

63 Crothers, *Morphinism and Narcomanias*, pp. 75–6.

64 Perhaps Courtwright confused the lack of policy of the Bureau of Pensions towards Civil War veterans with the anti-narcotic policy of the Veterans Administration towards Vietnam veterans a century afterwards. See Jeremy Kuzmarov, 'From Counter-Insurgency to Narco-Insurgency: Vietnam and the International War on Drugs', *Journal of Policy History* XX (2008), pp. 344–78, esp. 354.

65 The archivist responsible for the Bureau of Pensions files was not aware of cases in which addicted veterans lost their pension owing to their condition. No guidelines within the Bureau regarding addiction were found.



show up in the surveys was not because they feared losing their pensions, but because their reaction to drugs was delayed:

Many persons who were in active service in the Civil War came out in apparent health, not having received any injury or been ill. While they suffered from the usual strains and privations and exhaustion incident to the march and battle-field, for years afterward there seemed to be no evidence of injury in their appearance and health. Then, from some very insignificant causes, they suddenly became invalids and morphinists. Evidently there was some causative relation between the exhaustion and sufferings of army life and the sudden development of morphinism. Some profound impairment of nerve-centers existed which was covered up until middle life; then appeared with the decline of the bodily vigor. This is often manifest in the neurotic and nutrient disturbances which find most perfect relief from the narcotism of morphin.<sup>66</sup>

Crothers believed that addiction was a disease, rather than a bad habit or a moral failure, the notions most common in the United States at the time.<sup>67</sup>

As a disease, addiction required a cause, such as a traumatic experience. War was a perfect fit. By pushing forward the idea that addiction was a disease, Crothers wished to follow the German example after the wars of unification in 1864–71, and have the US Bureau of Pensions follow the German Health Office by recognizing addiction as a war-induced illness that required medical attention, even after the conscripts were released from duty.<sup>68</sup> This would have paved the path for the Federal government to finance the treatment of veterans who suffered from the disease even years after the war had ended.

Crothers's agenda was foreign to America and was often received with suspicion, since he desired to treat addicts rather than incarcerate them. For example, he wrote in 1893 that inebriates should bear limited or no criminal responsibility for their actions. He quoted the German physician C. von Brühl-Cramer, and others,<sup>69</sup> who managed to influence the German criminal code to the point of excusing many habitual drunkards from bearing responsibility for their crimes.<sup>70</sup>

At a time when the most prevalent theory on addiction in America viewed addicts as morally degraded fiends, Crothers required a moral example to convince the American public and its politicians that addicts were in fact good, honest people. Veterans, whose

66 Crothers, *Morphinism and Narcomanias*, pp. 76–7.

67 See Arnold Jaffe, *Addiction Reform in the Progressive Age: Scientific and Social Responses to Drug Dependence in the United States, 1870–1930* (New York: Arno, 1981), pp. 27–8; Hickman, *Secret Leprosy*, pp. 7–10; H.H. Kane, *Opium-Smoking in America and China: A Study of Its Prevalence, and Effects, Immediate and Remote, on Individual and the Nation* (New York, 1882).

68 Crothers, *Morphinism and Narcomanias*, pp. 75–6.

69 T.D. Crothers, *The Disease of Inebriety from Alcohol, Opium and Other Narcotic Drugs, Its Etiology, Pathology, Treatment and Medico-Legal Relations* (New York, 1893), pp. 170–1.

70 Geoffrey J. Giles, 'Drinking and Crime in Modern Germany', in Peter Becker and Richard F. Wetzell, eds., *Criminals and Their Scientists: The History of Criminology in International Perspective* (Cambridge: Cambridge University Press, 2006), pp. 471–85; Jonathan Lewy, 'Limited to No Responsibility: Addiction, Alcoholism and the Law in Modern Germany', talk delivered at the German Studies Association Annual Conference, Oakland, 2010.

addiction was unrecognized as a war disability, fitted the bill. Crothers chose to blame their suffering on the terrible strains of war, which sometimes appeared years after. This was reinforced by the idea that the experience of war had changed, from an activity that brought an individual elation to an activity that incurred severe psychological trauma.<sup>71</sup>

By the time Crothers had written his book on drug addiction, many physicians believed that wars caused a drinking disease, or dipsomania.<sup>72</sup> As one physician explained in 1876, wars, namely the Civil War, induced the alcohol disease in those whose nerves were too weak to handle the constant excitement of four years of industrialized warfare.<sup>73</sup> Regardless of how one wishes to define alcoholism, the managers of the Soldiers' Homes, or the sanatoria for war veterans that housed disabled soldiers, believed that war caused chronic drunkenness. As the deputy governor of the Eastern Branch of the National Homes said in 1878:

Drunkenness is the chief source of disorder; but even that is periodic, following hard upon pay-day. Seven years' experience has taught me to look with charity upon the failings of these poor men, or wrecks of men, rather; and I can not help thinking, when my patience is most tried by the deceit and ingratitude of the bad ones – I say, I can not help asking, how much are they to blame? when I know they were initiated into the army upon whiskey; had whiskey forced into them, as a *prophylactic*, before they were wounded, or taken sick, and finally had whiskey poured into them, in hospital, either as a stimulant, to quiet pain, or as a sedative, to keep them quiet otherwise.<sup>74</sup>

Of those who were dishonourably discharged from the homes, 60 per cent were inebriates. The deputy governor believed that 'a large percentage of the mortality by violence, crime or exposure' was due to the bad habit of drinking.<sup>75</sup>

The leap from war-induced alcoholism to war-induced drug addiction is not a great one, and thus provides logical support for Crothers's thesis of a new Civil War disease, even though no substantial measure of addicted veterans surfaced in surveys or hospitals. In fact, drugs are rarely mentioned by the sources. Whereas the deputy governor of the Eastern Branch of the National Homes mentioned alcohol, he failed to mention morphine, or any other drug, as a problem among veterans. In the Northwestern Branch of the National Homes near Milwaukee, only one veteran was admitted for drug addiction between 1867 and 1872,<sup>76</sup> hardly an indication of a war-induced 'addiction epidemic'. In a sample of 291 Civil War veterans who were committed to the Indiana Hospital for the Insane from 1861 to 1919, only 15 were found to be addicted to chloral hydrate, cocaine,

71 Yuval N. Harari, *The Ultimate Experience, Battlefield Revelations and the Making of Modern War Culture, 1450–2000* (Basingstoke: Palgrave Macmillan, 2008).

72 See C. von Brühl-Cramer, *Ueber die Trunksucht und eine rationelle Heilmethode derselben* (Berlin, 1819), pp. 10–11, 16.

73 Sarah W. Tracy, *Alcoholism in America: From Reconstruction to Prohibition* (Baltimore: Johns Hopkins University Press, 2005), pp. 63–4.

74 'The Soldiers' Home at Dayton, Ohio', *National Repository* III (1878), pp. 202–3.

75 Ibid.

76 James Marten, 'Exempt from the Ordinary Rules of Life: Researching Postwar Adjustment Problems of Union Veterans', *Civil War History* XLVII (2001), p. 62.

morphine, or opium. Of these veterans, several were given drugs after the war had ended, according to the standard medical practices of the day, regardless of their war experience. Thus their addiction may or may not have been caused by the war. In the same sample, no fewer than 65 suffered from alcoholism.<sup>77</sup> Whereas this statistic sheds only a small light on the prevalence of addiction among veterans, it stands to reason that if an addiction epidemic existed after the war, addicted veterans would have been over-represented in mental asylums. Certainly they should have had more than a mere 5 per cent of the asylum's population. Thus it is fairly safe to claim that alcoholism presented a far greater problem than drug addiction among Civil War veterans.

By misreading Crothers, Courtwright stumbled upon his political agenda to recognize addiction as a disease like any other. To support his theory that wars caused addiction, Crothers had to rely on veteran addicts in his attempt to force the Bureau of Pensions to recognize addiction as a disease, even long after the war's end (a decision from which Crothers himself stood to gain as the owner of a hospital for the treatment of addicts). When Quinones analysed the rhetoric of the early twentieth-century politicians who wanted to ban drugs, he stumbled upon their desire to explain why the drug menace was greater in the United States than elsewhere. In both cases, the source's bias caused the line between fact and fiction to fade.

#### IV. Conclusions

The Civil War was a traumatic event in American history. It gave birth to the modern United States, and was an event that both politicians and historians kept on referring to for answers and causes of America's ills. Drugs and drug addiction were only one example of this. Some contemporaries, such as Horace B. Day and the anonymous writer from Andersonville, claimed that their experience in the war prompted their addiction. A few decades later Crothers and other physicians supported the notion that the war caused addiction, but that was not based on fact, at least not statistical fact, but was due to the understanding that wars caused trauma. One can only assume that, with the amount of drugs consumed by the armies of the Civil War, a few soldiers and perhaps even a general or two became addicted to drugs, but it would be next to impossible to determine how many and whether this was, indeed, a historical trend, especially since addiction was only recognized as a full-fledged disease several decades after the war had ended. Thus, it should not come as a surprise that the recognition of addiction as a disease coincided with Crothers's addicted veterans. Was the Civil War responsible for a new addiction wave in America? As this article has shown, there is no clear answer. But it is safe to claim that the 'army disease' was not addiction, at least not in the eyes of contemporaries.

The concern that wars created addiction was so compelling and the analysis seemed so sound as to be used time and again in the twentieth century. Since the Civil War almost every American war brought with it a new drug problem. The Spanish-American War made the opium monopoly in the Philippines an American problem. It was perhaps

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77 Eric T. Dean, *Shook over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge, MA: Harvard University Press, 1997), pp. 162, 169–72.

too short a war to create mass addiction, whether real or imagined, but it was certainly the catalyst for the harsh anti-drug policies in the United States.<sup>78</sup> The end of the First World War brought with it the drug craze of the 1920s.<sup>79</sup> The end of the Second World War coincided with the re-emergence of the heroin menace.<sup>80</sup> During the Korean War, American law-enforcement agents began speaking of the world Communist conspiracy to dope American youths,<sup>81</sup> a claim that continued to be sounded right until the fall of the Soviet Union.<sup>82</sup> The Vietnam War had its multiple heroin connections, such as stuffing dope in the body bags of dead GIs sent for burial at home, or the infamous 'French Connection'. It was during this time that the war on drugs was declared by President Nixon to combat the thousands of addicted veterans who were expected to return home, murdering and pillaging in their quest to satisfy their addiction.<sup>83</sup> Even though the hordes of soldiers failed to emerge, the fear of a drug epidemic continued. Only time will tell where the wars in Afghanistan and Iraq will lead in the connection between wars and drugs.

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78 Musto, *American Disease*, pp. 24–6.

79 For a discussion of the 1920s, and the official response, see *ibid.*, pp. 183–209.

80 Courtwright, *Dark Paradise*, pp. 145–60.

81 Harry J. Anslinger and William F. Tompkins, *The Traffic in Narcotics* (New York: Wagnalls, 1953).

82 See Joseph D. Douglass, *Red Cocaine: The Drugging of America* (Atlanta: Clarion House, 1990).

83 Jeremy Kuzmarov, 'From Counter-Insurgency to Narco-Insurgency'.